

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER _____		2. MAG. DOCKET NO. _____	3. DIST. CT. DOCKET NO. _____	VOUCHER NO. 0649027
4. APPEALS DOCKET NO. _____	5. FOR (DISTRICT/CIRCUIT) _____	6. LOC. CODE _____	7. CHARGE/OFFENSE (U.S. or other code citation) _____	7A. CASE CODE _____
8. IN THE CASE OF _____ VS _____		9. PERSON REPRESENTED (FULL NAME) _____		9A. NO. REPRES. _____
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE _____		11. PROCEEDINGS (Describe briefly) _____		
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL _____		13. COURT ORDER O <input type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. _____ Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____		
<p>Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.</p> <p>► _____ Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy)</p> <p>► _____ Date of Order</p> <p>► _____ Nunc Pro Tunc Date</p>		14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS _____		
		15. WORK PHONE _____		
		16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		16B. SOCIAL SECURITY NO. (Only provide per instructions) _____		
		16C. EMPLOYER I.D. NO. (Only provide per instructions) _____		
		16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) _____		

CLAIM FOR SERVICES OR EXPENSES

		SERVICE	HOURS	DATES		
IN COURT	17. a.	Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below.	
	b.	Ball and Detention Hearings				
	c.	Motions Hearings				
	d.	Trial				
	e.	Sentence Hearings			17A. TOTAL IN COURT COMP. \$	
	f.	Revocation Hearings				
	g.	Appeals Court				
	h.	Other (Specify on additional sheets)				
		(Rate per hour =) TOTAL HOURS =				
OUT OF COURT	18. a.	Interviews and conferences			Multiply rate per hour times total hours. Enter total "out of court" compensation below.	
	b.	Obtaining and reviewing records				
	c.	Legal research and brief writing				
	d.	Travel time (Specify on additional sheets)				
	e.	Investigative and other work (Specify on additional sheets)			18A. TOTAL OUT OF COURT COMP. \$	
			(Rate per hour =) TOTAL HOURS =			
EXPENSES	19.	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP. \$
						19B. TOTAL OTHER EXP. \$
						20. GRAND TOTAL CLAIMED \$

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☐ NO

If yes, were you paid? ☐ YES ☐ NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO

If yes, give details on additional sheets. _____

I swear or affirm the truth or correctness of the above statements ►

APPROVED FOR PAYMENT	22. IN COURT COMP. \$ _____	23. OUT OF COURT COMP. \$ _____	24. TRAVEL EXPENSE \$ _____	25. OTHER EXPENSES \$ _____	26. TOTAL AMT. APPROVED/CERT. \$ _____
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER _____				DATE _____
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) _____				DATE _____

ATTACHMENT VII - 1
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